

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

17939

MAY 7 1936

1. PLACE OF DEATH

County.....  
Township.....  
City..... (No.....)

Registration District No.....  
Primary Registration District No. 1008

File No.....  
Registered No. 4765  
St. 4765 (Ward)

2. FULL NAME

(a) Residence, No. 104 Albert Ave - St. Webster Groves, Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 15 mos. do how long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Lula McCain		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) "3- 1878-		
7. AGE abt. 58	YEARS	MONTHS
	DAYS	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -	
	10. Date deceased last worked at this occupation (month and year) -	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ala.		
FATHER	13. NAME William McCain	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello, Ala.	
MOTHER	15. MAIDEN NAME not known	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known	
17. INFORMANT Lula McCain (ADDRESS) 104 Albert Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 5-4-36		
19. UNDERTAKER W. B. Bessie (ADDRESS) Webster Groves		
20. FILED APR 30 1936 J. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1936, to 4-28-1936. I last saw him alive 4-28-1936. Death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:  
Date of onset

Chronic myocarditis 12 1/2 hrs

Other contributory causes of importance:  
arteriosclerosis unclassified  
Emphysema of the lungs (chronic)

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) J. B. Bessie, M. D.  
(Address) 8229 N. Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

